



SUBSTANCE MISUSE: The Facts, The Myths, The Solutions

Magellan
HEALTHCARESM

Speakers

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- **Alicia Miner MSW, LCSW, CEAP, SAP** has been with Magellan 17 years and is a Licensed Clinical Social Worker, Certified Employee Assistance Provider and Substance Abuse Professional with 29 years experience in the field of addictions and mental health. She is also a faculty member for the Master of Social Work program at St. Louis University.

Objectives:

- **Learn current substance use and abuse facts** in the United States including the opioid crisis.
- **Receive information** on lesser known, commonly abused substances.
- **Hear latest treatment trends** including community-level actions having positive impact.
- **I think I may have a problem, now what?** I think someone I care about has a problem, now what?
- **Receive sober support resources** and resources for family, friends and employers impacted by the use of those who abuse substances.

Myths?



- Substance problems do not happen to good people.
- Addiction is a choice.
- Faith can fix addiction.
- Better parenting would have prevented addiction.
- You can't have fun sober.
- They can stop if they wanted to/It's all in willpower.



Current substance use and abuse facts in the United States



- In 2015 over 27 million people reported current use of illicit drugs or misuse of prescription drugs.
- Nearly 67 million people reported binge drinking in the prior month.
- The estimated yearly economic impact of alcohol misuse is \$249 billion and \$193 billion for illicit drug use.
- Alcohol misuse contributes to 88,000 yearly deaths.
- In 2014 there were 47,055 overdose deaths with 28,647 from opioid overdose (includes prescription pain relievers and heroin), more than any prior year on record.
- Substance misuse and use disorders cost more than \$400 billion annually in crime, health and lost productivity. Alcohol misuse and use disorders represent \$249 billion of those costs.
- A Quest Diagnostics study revealed in 2016 over 4% of the workforce tested positive for illicit drugs. The highest rate since 2004 and driven by increases in marijuana, cocaine and methamphetamine use.
- Drug overdoses kill more Americans than motor vehicle accidents, guns and falling.

Cannabis and medicinal marijuana



Cannabis: Continues as the most commonly used substance, next to alcohol. Many states are working to legalize for medicinal or recreational use despite, like alcohol, serious implications:

- Short-term memory and learning impairment
- impairs focus and coordination
- increases heart rate, can harm the lungs and may increase the risk of psychosis in vulnerable people
- When regular use begins in teens, research suggests addiction is more likely in adulthood (1 in 6 vs. 1 in 9 users) and heavy use that starts in teens is linked with a lower adult IQ.

Medical Marijuana: There are THC-based, FDA approved drugs prescribed today to treat pain and nausea.

- Scientists are investigating medicinal properties of cannabinoids (individual components of the plant) such as CBD (Cannabinol, cannabis oil's non-psychoactive component) for FDA approval but evidence is insufficient.
- States where recreational or medicinal use is legalized are in conflict with federal laws. There is no level of intoxication established to measure thresholds.

Lesser known substances



- K2 (Spice)
- Syrup, Purple Drank, Sizzurp, Lean
- Robo Tripping, Skittling, Triple C
- Wax
- Vaping



The Opioid crisis in the United States



Over-prescription of powerful opioid pain relievers beginning in the 1990's led to rapid escalation of use and misuse by a broad demographic of men and women across the U.S. This led to a resurgence of heroin use, as some transitioned to using this cheaper street cousin of expensive opioids. As a result, the number of people dying from opioid overdoses soared, increasing nearly four-fold between 1999-2014.

- In 2016, 11.8 million people misused opioids. Of those:
 - 6.9 million were prescribed Hydrocodone
 - 3.9 million were prescribed Oxycodone
 - 228,000 were prescribed Fentanyl
- 2.1 million have an Opioid Use Disorder yet only 1 in 5 received specialty treatment.
- About 80% of the global opioid supply is consumed in the U.S.

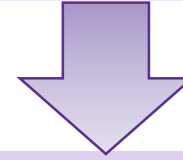
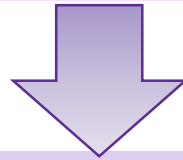
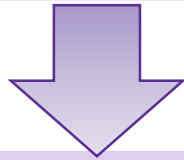


Opioid crisis in the United States (continued)



In 2016, the Surgeon General sent letters to every prescribing clinician in the country requesting they assist with the crisis by:

- changing their approach to pain management
- educating themselves on opiate use disorder
- becoming knowledgeable in evidenced-based addiction treatment



In 2017, nearly 9% average drop nationwide in the number of opioid prescriptions filled by retail and mail-order pharmacies.

- All 50 states and the District of Columbia had declines of more than 5%.
- Declines topped 10% in 18 states, including all of New England and other states hit hard by the opioid overdose epidemic, such as West Virginia and Pennsylvania.

Opioid crisis in the United States - Heroin



Opioid drug made from morphine, a natural substance taken from the seed pod of the various opium poppy plants grown in SE and SW Asia, Mexico and Columbia. A white or brown powder or a black sticky substance.

Although general population use is low, the numbers of people using heroin have been steadily rising since 2007.

- From 2010 to 2016 heroin-related deaths increased by more than five times.
- In 2016, about 948,000 Americans reported using heroin in the last year (largely young adults, 18-25).
- In 2010, manufacturers introduced 'tamper resistant' OxyContin, making it more difficult to inhale or inject. By 2012, a study revealed many users had switched to heroin.

Opioid crisis in the United States – Heroin (continued)



- From 2015 to 2016 heroin overdose death rates increased by nearly 20%, with about 15,500 people dying in 2016.
- In 2016, males aged 25-44 had the highest heroin death rate at 15.5 per 100,000, an increase of over 17% from 2015.
- Heroin use has been increasing in recent years among men and women, most age groups, and all income levels. Some of the greatest increases have occurred in demographic groups with historically low rates of heroin use: women, the privately insured, and people with higher incomes.



Methamphetamine was fading but is back

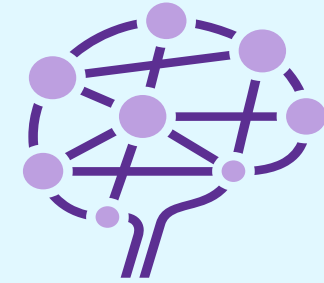


- In 2005 Congress passed the Combat Methamphetamine Act, which put pseudoephedrine behind the counter, limited sales to 7.5 grams per customer in a 30-day period and required pharmacies to track sales.
- In 2006, federal data showed the number of meth labs dropped significantly as well as federal prosecutions of meth offenses and amounts seized at local levels.
- Shortly after, drug traffickers found new ways to produce meth and cartels moved product into the U.S. and the use began to increase.
- The estimated number of meth users rose from its low point of 314,000 in 2008 to 569,000 in 2014 (Substance Abuse and Mental Health Services Administration).
- Nationally, nearly 6,000 people died from stimulant use (mostly meth) in 2015, a 255% increase from 2005 (Centers for Disease Control and Prevention). The nation's drug overdose deaths attributed to stimulants inched up to 11%.
- Fatal overdoses involving meth more than doubled from 2010 to 2014 (National Center for Health Statistics).

Addiction 101

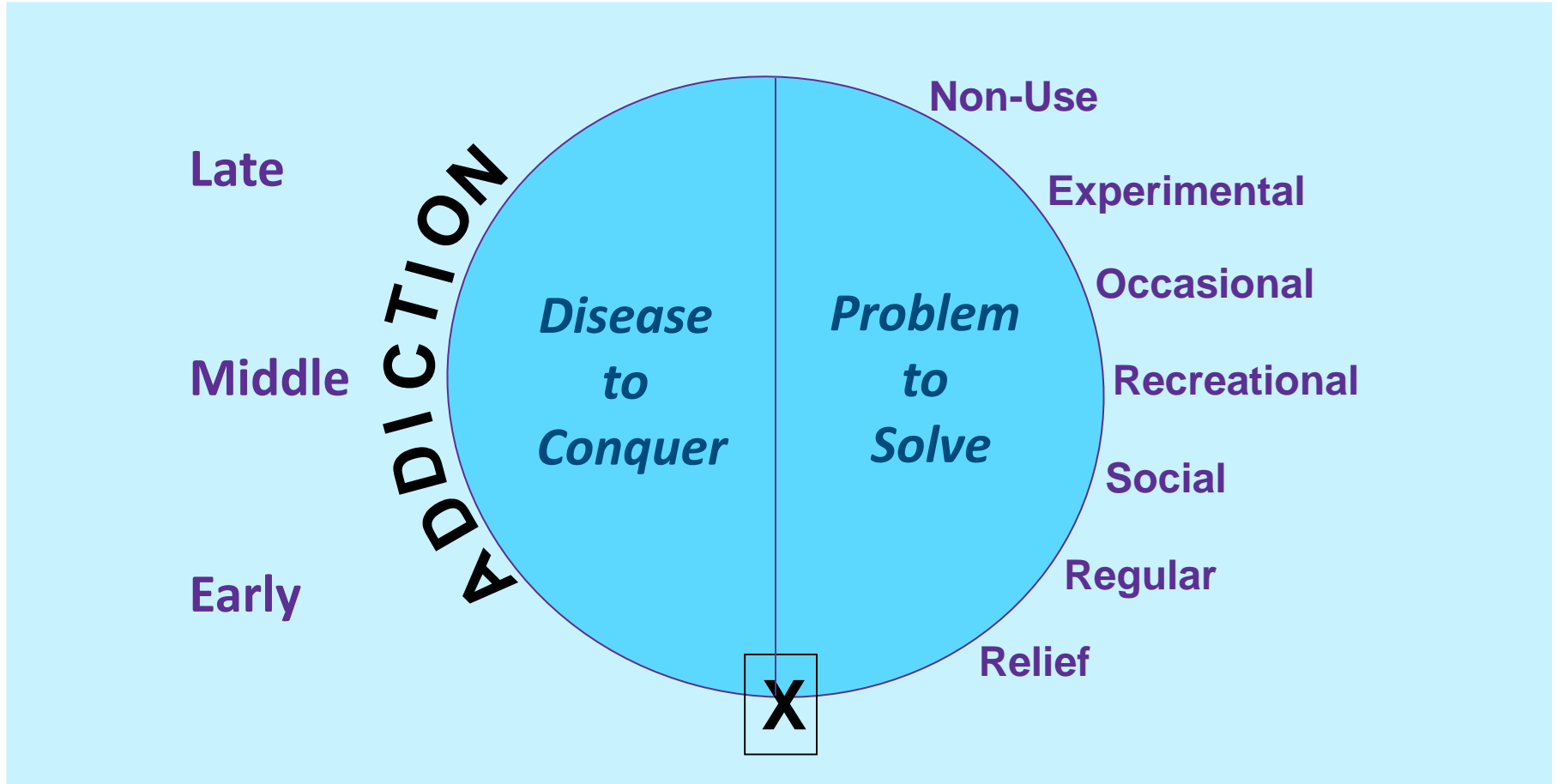


Defined as a chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences



- Considered a brain disease because drugs change the brain; its structure and how it works.
- Brain imaging shows that addiction severely alters brain areas critical to decision-making, learning and memory, and behavior control.
- These brain changes can be long-lasting and lead to the harmful behaviors seen in people who abuse alcohol and/or drugs.
- Substance use disorders are shaped by biological, genetic, psychological, behavioral, stress, social and environmental factors.

Cycle of Involvement



Cycle of Involvement



Use



**Risky
Use**



**Substance
Use
Disorders**



Cycle of Involvement – ‘Use’



- The initial decision to take alcohol and/or drugs is mostly voluntary.
- Almost all substance use starts with experimentation: curiosity and peer pressure.
- Perception that alcohol and/or drug use helps us to feel good, feel better or do better.
- Not everyone who uses becomes addicted.
- Progression to addiction is unpredictable.



Cycle of Involvement – ‘Risky Use’



‘Risky use’ equals any use which is...

- Inappropriate time
- Inappropriate place
- Inappropriate amount
- Initial stages of consequences of use starting to be apparent (i.e. legal , work performance, relationships, accidents, etc.)



Cycle of Involvement – ‘Substance Use Disorders’

Defined in the DSM-5 as “a cluster of cognitive, behavioral and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.”

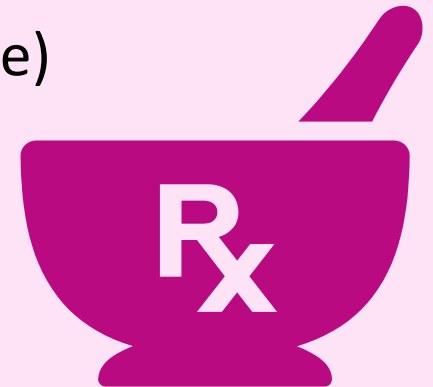
- Loss of control over use of the substance
- Continuing to use the substance in spite of negative consequences
- Tolerance, craving, withdrawal
- Impact on relationships and functioning



Latest trends in treatment – Opioid Use Disorder

For **Opioid Use Disorder**, research supports **Medication Assisted Treatment (MAT)** *INCREASES* retention in treatment programs and decreases drug use, infectious disease transmission and criminal activity.

- Naloxone (Narcan), Naltrexone (Vivitrol)
- Buprenorphine (Subutex)
- Buprenorphine combined with Naloxone (Suboxone)
- Methadone (Dolophine)
- Lofexidine (Lucemyra)



Latest trends in treatment – Harm reduction



Incorporates a spectrum of strategies: from safer use, to managed use, to abstinence in order to meet drug users “where they’re at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

Types of harm reduction: Syringe access, Narcan access, daily needs (soap, toothbrush, toothpaste, shampoo, brush, comb, sanitary products, condoms etc.) STD management and testing, wound care, housing, referral to drug treatment, withdrawal management (MAT), outreach and peer education, and impaired driving programs.



Latest trends in treatment – Interventions



- Various levels of care
- Multi disciplinary approach:
 - Counseling (group and individual)
 - Education
 - Family work
 - 12 step/sober support facilitation
 - Spirituality
 - Health and mental health care
 - Legal and occupational needs



I think I have a problem



Consequences: Main motivator to acceptance of a problem



Legal Involvement



School Problems



Relationship and social issues



Work problems



Health concerns

Now what?



- The most important positive step is acknowledging the problem and accepting it cannot be managed alone.
- The next step is telling a trusted friend, family member or counselor that you need help.
- Follow the guidance provided to get an assessment.
- Follow the treatment recommendations of the assessment.
- Follow the recommendations for aftercare or discharge planning.
- Identify an ongoing sober support.



I think someone I care about has a problem, what can I do?



- Realize you cannot fix their problem.
- Get support from a counselor knowledgeable in substance use disorders.
- Become active in your own support group support like Al Anon, Nar Anon (companion programs to Alcoholics or Narcotics Anonymous).
- Seek clergy support.
- Educate yourself about enabling behaviors.
- Assess your expectations. Realize they are yours and may not match the plans of the person who is struggling with the problem.
- Offer caring support while maintaining appropriate boundaries.

Sober supports



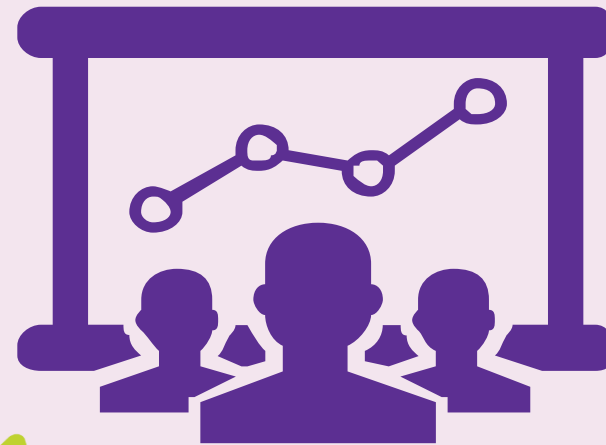
When a person with a substance use disorder becomes sober it is essential they maintain involvement in sober supports:

- Alcoholics Anonymous
- Narcotics Anonymous
- Sponsors
- Celebrate Recovery (Faith-based, church-sponsored)
- Sober friends
- Sober activities



In closing

- Substance Use problems will always be a part of our culture and continue to impact our families, social contacts and workplaces.
- We hope this webinar presentation has given you some current information and resources.
- We are now open for questions.



**Call toll-free or visit us on the web
24 hours a day/7 days a week
Thank you!**

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